### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

# **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

### **Facility Information**

Facility Name: SUNSHINE ADULT LIVING (0010418) Address: 925 EAST GRAND AVE, BELOIT, WI 53511

**License Status: REGULAR** 

Licensed/Certified/Registered 02/16/2004

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History						
Survey ID: 0097025	End Date: 05/25/2006	Type: STANDARD	Purpose: COMPLAINT			
Results: NO STATEMENT OF DEFICIENCY ISSUED						
Survey ID: 0095492	End Date: 09/09/2005	Type: STANDARD	Purpose: COMPLAINT			
Results: NO STATEMENT OF DEFICIENCY ISSUED						
Survey ID: 0092932	End Date: 07/19/2004	Type: STANDARD	Purpose: SURVEY			
Results: STATEMENT OF DEFICIENCY ISSUED						
Statement of Deficiency: #10008023 Served 07/23/2004  Compliance						
	Deficiencies Cited 88.06(3)(a)	Subject Area INDIVIDUAL SERVICE PI	LAN & ASSESSMENT	<u>Verified</u> 09/09/2005	<u>Corrected</u> Yes	
Survey ID: 0091971	End Date: 02/16/2004	Type: INITIAL	Purpose: SURVEY			

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Complaint History** 

Date Complaint Received: 04/21/2006 Date Investigation Completed: 05/25/2006

Subject Area(s) Result SOD #

ABUSE NOT SUBSTANTIATED STAFF ADEQUACY NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 06/09/2005 Date Investigation Completed: 09/09/2005

Subject Area(s) Result SOD #

ABUSE NOT SUBSTANTIATED